

**Uniform Certificate of Authority Application (UCAA)**  
**Primary Application Checklist**  
**For Primary Application Only**

The application checklist is intended to help guide you with assembling your complete Primary Uniform Certificate of Authority Application (UCAA). Please be sure to complete the checklist by appropriately marking the boxes on the left side of the page prior to submitting your application for review. The completed checklist should be attached to the top of the application.

Regulator Use Only

**1. Application Form**, containing:

- |  |  |                          |
|--|--|--------------------------|
| <input checked="checked" type="checkbox"/> | Completed Primary Application Checklist (Form 1P) – <i>SUBSECTION 1(A)</i>   | <input type="checkbox"/> |
| <input checked="checked" type="checkbox"/> | Original UCAA Primary Application executed and notarized (Form 2P)- <i>SUBSECTION 1(B)</i>   |                          |
| <input checked="checked" type="checkbox"/> | Include all lines of insurance applicant is licensed to transact, currently transacting and requesting authority to transact in all jurisdictions.(Form 3)- <i>SUBSECTION 1(B)</i> |                          |
| <input checked="checked" type="checkbox"/> | Authorization for Disclosure of Financial Records (Form 4)- <i>SUBSECTION 1(C)</i>   |                          |
| <input checked="checked" type="checkbox"/> | Power of Attorney to Appoint & Certify Agents (Form 5)- <i>SUBSECTION 1(D)</i>   |                          |

**2. Filing Fee** (pursuant to Section II Filing Requirements Item 2) containing:

- |  |                                |                          |
|--|--------------------------------|--------------------------|
| <input checked="checked" type="checkbox"/> | Payment of required filing fee | <input type="checkbox"/> |
| <input checked="checked" type="checkbox"/> | Copy of check                  |                          |

**3. Minimum Capital and Surplus Requirements**

(pursuant to Section II Filing Requirements Item 3)

- |  |   |                          |
|--|---|--------------------------|
| <input checked="checked" type="checkbox"/> | Provide explanation of compliance with minimum capital & surplus requirements for state for which application is prepared- <i>SUBSECTION 3(A)</i> | <input type="checkbox"/> |
|--|---|--------------------------|

**4. Statutory Deposit Requirements**

(pursuant to Section II Filing Requirements Item 4)

- |  |   |                          |
|--|---|--------------------------|
| <input checked="checked" type="checkbox"/> | An original Certificate of Deposit prepared by state of domicile (Form 7) | <input type="checkbox"/> |
|--|---|--------------------------|

**5. Name Approval**

(pursuant to Section II Filing Requirements Item 5)

- |  |                                   |                          |
|--|-----------------------------------|--------------------------|
| <input checked="checked" type="checkbox"/> | Evidence of name approval request | <input type="checkbox"/> |
|--|-----------------------------------|--------------------------|

**6. Plan of Operation**

(pursuant to Section II Filing Requirements Item 6)

- |  |  |                          |
|--|--|--------------------------|
| <input checked="checked" type="checkbox"/> | Completed Questionnaire (Form 8)- <i>SUBSECTION 6(B)</i> | <input type="checkbox"/> |
| <input checked="checked" type="checkbox"/> | Pro Forma- <i>SUBSECTION 6(C) &amp; SEPARATELY BOUND</i> |                          |
| <input checked="checked" type="checkbox"/> | Narrative- <i>SUBSECTION 6(A)</i>                        |                          |

**7. Holding Company Form “B” Registration Statement**

(pursuant to Section II Filing Requirements Item 7)

- |  |   |                          |
|--|---|--------------------------|
| <input checked="checked" type="checkbox"/> | Registration statement                                    | <input type="checkbox"/> |
| <input checked="checked" type="checkbox"/> | Attachments to Registration                               |                          |
| <input checked="checked" type="checkbox"/> | Amendments to Registration                                |                          |
| <input checked="checked" type="checkbox"/> | Copies of all advisory, management and service agreements |                          |

**8. Statutory Membership(s)**

- |  |   |                          |
|--|---|--------------------------|
| <input checked="checked" type="checkbox"/> | Submit documentation as listed in Section II Filing Requirements Item 8 | <input type="checkbox"/> |
|--|---|--------------------------|

**9. SEC Filings or Consolidated GAAP Financial Statement**

- |  |   |                          |
|--|---|--------------------------|
| <input checked="checked" type="checkbox"/> | Submit documentation as listed in Section II Filing Requirements Item 9 | <input type="checkbox"/> |
|--|---|--------------------------|

Applicant Name: \_\_\_\_\_

NAIC No. \_\_\_\_\_

FEIN: \_\_\_\_\_

**10. Debt-to-Equity Ratio Statement**

☒ Submit documentation as listed in Section II Filing Requirements Item 10

**11. Custody Agreements**

☒ Submit documentation as listed in Section II Filing Requirements Item 11-*SEPARATELY BOUNDED*

**12. Public Records Package**

**13. NAIC Biographical Affidavits or Business Character Reports**

for the following:

- ☐ Officers (As listed on Jurat Page of most recent financial statement.)
- ☐ Directors (As listed on Jurat Page of most recent financial statement.)
- ☐ Key managerial personnel (Including any Vice Presidents or other individuals who will control the operations of the applicant.)
- ☐ Individuals with a 10% or more beneficial ownership in the applicant who will exercise control over the applicant or, Officers and Directors of an entity with a 10% or more beneficial ownership in the applicant who exercise control over the applicant; and
- ☐ Individuals with a 10% or more beneficial ownership in the applicant's ultimate controlling person who will exercise control over the applicant and Officers and Directors of the ultimate controlling person who will control the operations of the applicant.
- ☐ Signed and notarized
- ☐ Certified by Independent Third Party

**14. State Specific Information**

☒ Some jurisdictions may have additional requirements that must be met before a Certificate of Authority can be issued. Before completing a UCAA Primary Application the applicant should review a listing of requirements for the state to which you are applying. That listing can be found at [http://www.naic.org/ucaa/expansion/Sec3.htm#State Specific Information](http://www.naic.org/ucaa/expansion/Sec3.htm#State%20Specific%20Information)

**Filing Requirements – Redomestications Only**

The requirements of this section are only for those insurers seeking to redomesticate from one state to another and are in addition to the requirements of Section II, items 1-14 of the Primary Checklist. A Redomestication is defined as the process where any insurer organized under the laws of any other state may become a domestic insurer that transfers its domicile to another state by merger or consolidation or any other lawful method. The Primary Application when used for a redomestication is filed with the insurer's new state of domicile.

**15. Annual Statement with Attachments**

☐ Submit documentation as listed in Section III, Filing Requirements Item 1

**16. Quarterly Statements**

☐ Submit documentation as listed in Section III, Filing Requirements Item 2

**17. Risk Based Capital Report**

☐ Submit documentation as listed in Section III, Filing Requirements Item 3

**18. Independent CPA Audit Report**

☐ Submit documentation as listed in Section III, Filing Requirements Item 4

**19. Reports of Examination**

☐ Submit documentation as listed in Section III, Filing Requirements Item 5

Applicant Name: \_\_\_\_\_

NAIC No.

FEIN: \_\_\_\_\_

20. **Certificate of Compliance** (pursuant to Section III, Filing Requirements Item 6)

☐

Original certification of compliance (Form 6) completed by domiciliary state insurance regulatory agency.

☐

21. **Reinsurance Checklist** (pursuant to Section III, Filing Requirements Item 7)

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Complete Proportional Reinsurance Form 9

☐

Complete Non-Proportional Reinsurance Form 10

☐

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